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ARAGIN .	Application Number	09/316199-Con	09/316199-Conf. #7506						
TRANSMITT	Filing Date	May 21, 1999	May 21, 1999						
FORM	First Named Inventor	Heather L. Davi	Heather L. Davis						
(to be used for all correspondence after initial filing)		Art Unit	1633	1633					
4	Examiner Name	Q. Nguyen	Q. Nguyen						
Total Number of Pages in This Submission		Attorney Docket Numb	C1040.70006U	300					
ENCLOSURES (Check all that apply)									
X Fee Transmittal Form	Drawing(s)		After Allowance Coto TC	ommunication					
Fee Attached	Licensing-rel	ated Papers	Appeal Communic						
X Amendment/Reply	Petition		Appeal Communic (Appeal Notice, Brid	ation to TC of, Reply Brief)					
After Final .	Petition to Co		Proprietary Inform	ation					
Affidavits/declaration(s)		rney, Revocation rrespondence Address	Status Letter						
Extension of Time Request	Terminal Disc	claimer	Other Enclosure(s Identify below):) (please					
Express Abandonment Request	Request for	Refund	Check in the amoun Return Receipt Pos						
Information Disclosure Statement	CD, Number	of CD(s)							
Certified Copy of Priority Document(s)	Landso	ape Table on CD							
Reply to Missing Parts/ Incomplete Application	Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
SIGNATI	IRE OF APPLICA	ANT, ATTORNEY, OF	RAGENT						
Circo Norso									
WOLF, GREENFIEL	U & SAUKS, P.	U .							

Signature

Printed name Maria A. Trevisan

Date January 30, 2006 Reg. No. 48,207

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Effective on 12/08/2004. FEE TRANSMITTAL For FY 2005							-Conf. #7506	
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						Heather L. Davis		
						Q. Nguyen		
Applicant claims sn	ims small entity status. See 37 CFR 1.27			Art Unit		1633		
TOTAL AMOUNT OF PA	AYMENT	(\$) 1,020.00		Attorney Docket	No.	C1040.70006US00		
METHOD OF PAYME	NT (check all	that apply)					•	
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fee(s) unde	er 37 CFR 1.16				any overp			
FEE CALCULATION								
1. BASIC FILING, SEAR				2011 5550	C V A B A I	NATION EEES		
	FILIN	NG FEES Small Entity	SEAR	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$)		Fee (\$)	Fee (\$)	Fee (\$)		Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		· ·
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	3							Small Enti
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (incl	_	-					50	25
Each independent claim	•	ng Reissues)					200	100
Multiple dependent clain		=	F D-	: - I (A)		Indiala Dananda	360	180
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3. APPLICATION SIZE F	EE							
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4. OTHER FEE(S)		/50	(round up to a who	ie number,		Eggs	Paid (\$)
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Other (e.g., late filing				•	third m	nonth	1.0	20.00
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CURMITTED BY	_							
SUBMITTED BY Signature	MH MA	\Box		Registration No. Attorney/Agent)	48,207	Telephone	(617) 64	6-8266

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